

Date: _____

Name _____

If this person is not living, what was the age at death? _____ Date of Death _____

Cause of Death _____

Age: _____ Date of Birth: _____ Gender: M F

1. Have you been diagnosed with a SADS condition (LQTS etc.) or a related condition? No Yes
If yes, which one?

Long QT Syndrome (LQTS) Short QT Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) Brugada, Other _____

2. At what age was a SADS diagnosis made? _____ Date of diagnosis: _____

3. If you **were diagnosed**, what, if any, treatment was recommended by the doctor? None
 beta blockers mexiletine flecainide ICD/Pacer sympathectomy

4. What treatment, if any, are you currently receiving? None beta blockers mexiletine flecainide
 ICD/Pacer sympathectomy

5. What, if any, of the following symptoms did you (or do you) have?
 none fainting (syncope) near fainting
 palpitations chest pain seizures
 cardiac arrest fatigue lightheadedness
 consistent or unusual chest pain/or shortness of breath during exercise
 Other _____

6. What, if any, of the following screening procedures did you have?
 none EKG resting stress test loop recorder/internal cardiac monitor
 epinephrine studies Holter/event monitor genetic testing
 Other: _____

7. What were the results of your screening? (check all that apply)
 a diagnosis was made the EKG did not conclusively show a SADS condition
 genetic testing was recommended the results were "borderline" or "the high end of normal"
 the results indicated you did not have a SADS diagnosis

8. Do you have a family history of:
 unexpected, unexplained sudden death in a person under age 40 SIDS
 seizures or a seizure disorder deafness at birth drowning

9. Have you been genetically tested? No Yes If so, did they find your mutation? No Yes

10. Do you have an implanted device? No Yes If so: Pacemaker ICD

Questions: Joanne@sads.org or 1-800-Stop SADS